

(1) PLACE OF BIRTH

County of Sumter

Township of Middleton

or
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 415

File No.—For State Registrar Only

74893

Registered No. 8-5
(For use of Local Registrar)

(2) Full Name of Child William Calvin Chandler If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 7, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Amos Chandler

(9) PRESENT POSTOFFICE OF FATHER Wedgefield

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Sumter County

(13) OCCUPATION Mechanic

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ellie Rees Norris

(15) PRESENT POSTOFFICE OF MOTHER Wedgefield

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Stableburg

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 49 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. L. Stair

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wedgefield

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 18 1916 (28) M. L. Stair Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.